PROPERTY OF
THE HARTFORD HOSPITAL
TRAINING SCHOOL FOR NURSES
Loaned to

The Case for Shorter Hours

IN

Hospital Schools of Nursing

BULLETIN NO. 1

PUBLISHED BY THE COMMITTEE ON EDUCATION
OF
THE NATIONAL LEAGUE OF NURSING EDUCATION

RT
73
.C37
1914

The Case For Shorter Hours in Hospital Schools of Nursing

Prepared by

THE COMMITTEE ON EDUCATION

OF

The NATIONAL LEAGUE OF NURSING EDUCATION

M. ADELAIDE NUTTING, *Chairman*,
Teachers College,
Columbia University,
New York City, N. Y.

ISABEL M. STEWART, *Secretary*,
Teachers College,
Columbia University,
New York City, N. Y.

HELENA MCMILLAN,
Presbyterian Hospital,
Chicago, Illinois.

LAURA LOGAN,
Cincinnati Hospital,
Cincinnati, Ohio.

ANNA JAMMÉ,
California State Bd. of Health,
Sacramento, California.

ANNE H. STRONG,
Simmons College,
Boston, Mass.

CAROLYN GRAY,
Sec'y State Board of
Nurse Examiners,
132 E. 45th St., New York City.

HELEN WOOD,
Massachusetts
Gen. Hospital,
Boston, Mass.

LOUISE POWELL,
University Hospital,
Minneapolis, Minn.

SALLY JOHNSON,
Albany Hospital,
Albany, New York.

ELIZABETH D. BURGESS,
State Department of Education,
Albany, N. Y.

MAUDE LANDIS,
New Haven Hospital,
New Haven, Conn.

EFFIE TAYLOR,
Johns Hopkins Hospital,
Baltimore, Maryland.

HELENA STEWART,
State Dept. of Health,
Columbus, Ohio.

Single copies may be secured from the Secretary of the Committee at a cost of 20 cents each. A reduction in price will be made for quantities of 100 or more.

This pamphlet is issued under the auspices of the following associated organizations.

The National League of Nursing Education

representing over 700 Superintendents of Nurses, Instructors and Assistants of leading nursing schools in this country and other nurses primarily engaged in educational work:

President: S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa.

Secretary: Laura Logan, Cincinnati General Hospital, Cincinnati, Ohio.

The American Nurses Association

representing over 30,000 graduate registered nurses from 260 Alumnae Associations and 46 State Nurses Associations and including almost the entire personnel of the American Red Cross Nursing Service:

President: Clara D. Noyes, American Red Cross, Washington, D. C.

Secretary: Katherine DeWitt, American Journal of Nursing, Rochester, New York.

The National Organization For Public Health Nursing

representing over 2,000 nurses engaged in various branches of public health work and over 400 lay members who are interested in supporting and extending public health nursing:

President: Mary Beard, Instructive, Visiting Nurse Association, Boston, Mass.

Executive Secretary: Ella Phillips Crandall, 156 Fifth Avenue, New York City.

Foreword

The three national associations of American nurses have decided to take up this question of shorter working hours for pupil nurses because we feel that it is one of the most vital and fundamental questions facing the profession of nursing at the present time, and because we believe that is a question which closely affects the public interest and welfare.

We wish to explain that though we have had to say some rather hard things about hospitals, it is out of no spirit of antagonism or bitterness. Many of us have spent the best years of our lives in hospitals, and we are as anxious as any one could be to maintain the good name and the best interests of these institutions. We understand just what the difficulties are and it is because we have been unwilling to further complicate the financial situation existing in many hospitals that many nurses have hesitated in taking a definite stand against conditions which they have long known to be fundamentally wrong.

We believe that nursing is one of the most useful and satisfying professions which any woman can enter and we have a profound belief in the value of the nursing training, where reasonable conditions and good standards are maintained. There are a number of schools where the customary long hours have been, or are being reduced, and where an honest effort is being made to give an adequate nursing training under normal and wholesome conditions. We shall encourage and urge all properly qualified young women to enter such schools. But we are convinced that until better conditions can be brought about in nursing schools throughout the country, the ordinary school cannot and should not expect to attract any large number of desirable applicants.

We have now come to a point where it is certain that the matter cannot be allowed to drift any longer. The nurses of this country have enough faith in the good will and sound sense of the trustees and officers of most of our hospitals to believe that it is only necessary to bring the facts to their attention, to secure their sympathetic and active support in the reduction of hours for pupil nurses in all reputable nursing schools. We would be unwilling to assume that any wide spread campaign of publicity would have to be undertaken or legislative measures resorted to, to bring about such a just and necessary measure.

Why Student Nurses Should Have Shorter Hours

A Summary of the Main Arguments.

1. *The hours for student nurses in most of the hospitals of this country are unreasonably and inexcusably long.* They are breaking down the health of many nurses and sapping their energy and spirit. They are keeping large numbers of excellent young women out of this work and interfering seriously with the education of those who are at present in nursing schools.

2. *There is an unprecedented call for well-trained nurses in this country, both in the hospitals and in the various branches of nursing outside.* This call will be much louder and more insistent in the near future. We cannot hope to supply this demand unless we can change the conditions in hospital training schools which are keeping out many well-qualified women.

3. *There are no reasonable or valid arguments justifying the present system of hours for pupil nurses in hospitals.* All modern scientific evidence and the great weight of experimental evidence gathered from this and other fields of work, is against such excessive hours of work. Hospitals, being preëminently scientific institutions cannot plead ignorance of these facts.

4. Florence Nightingale laid it down as an axiom long ago that *hospitals should cure disease, not produce it.* It would seem to be self-evident that institutions which exist for the relief and cure of sickness should not be undermining the health and vitality of their own workers. *At the present time most hospitals are far behind many purely commercial institutions in the protection and care of their workers.*

5. Hospitals are *educational* institutions. They offer a training in nursing for which they demand large fees in the form of pupil service. At the same time they impose conditions which make good educational work practically impossible. Educational authorities agree that this system as it is usually carried on, is antiquated and inefficient as well as economically unsound. *No educational system can hope to retain the respect and confidence of the public unless it brings itself more in line with progressive modern thought and practise.*

THE CASE FOR SHORTER HOURS IN HOSPITAL SCHOOLS OF NURSING

A More Detailed Statement Showing

What the situation is.
How it came about.
What the results have been.
What the scientific authorities say about long hours.
How the whole situation can be remedied.

I. How this Question Affects Public Health and Welfare

1. *Large numbers of hospitals in every part of this country are being crippled in their work because they cannot attract enough pupil nurses into their nursing schools, to properly care for their sick patients.* In many cases this means that the hospital cannot use its resources to the fullest capacity and that patients often lack the nursing care they need, because there are too few nurses to go round.

2. *There is the greatest difficulty in securing enough highly qualified women for responsible educational and administrative positions in hospitals.* Many of the troubles and weaknesses in our hospitals everywhere result from this fact. There were in 1916 over 8,000 institutions for the care of the sick in this country. About 1,600 of these conduct training schools for nurses enrolling a total of about 50,000 pupils. Each of these hospitals needs a capable nursing staff including superintendents of nurses, assistants, instructors, head nurses, and technical specialists of various kinds. A large proportion of them also employ graduate nurses as superintendents. Rather unusual qualifications are required for such positions and very few of our hospitals are at all adequately supplied with the type of nurses needed for such work.

3. *The new programs for protecting and building up the health of the citizens of this country, all call for a large increase in our present supply of public health nurses.* The plans for extending the work in public schools alone will, it is estimated, require thousands of nurses, and thousands more are needed to protect the health of industrial workers, to help in preventing the

spread of tuberculosis, to save the lives of the babies both in city and country districts, and to build up better standards of health everywhere. *Intelligent, competent and highly trained nurses are needed for this work.*

4. *The reconstruction work abroad in which our nurses have been doing such notable service, does not end with the war, but will require many of our nurses for years to come.* Red Cross units to Siberia and Palestine, and other needy countries all include a large proportion of nurses. This is difficult and responsible work and it is highly important that the women we send to represent us in those countries, should be of our very best.

5. It is not difficult as a rule, to find people who can do more or less routine work, but *in nursing the great demand which we cannot at present meet is for women of broad education, good organizing and executive ability and sound professional training.* Two important bureaus where appeals for highly qualified nurses come in, state that they are often unable to fill more than one in ten of such positions. This means that a great deal of important educational, social and public work is seriously hampered for lack of highly trained women to organize and develop these branches of nursing service. The registeries for private nurses also show that though this field is better supplied, there is room there too for a larger number of thoroughly qualified nurses.

6. Considering the unusually strong appeal which nursing makes to earnest active young women every where, and the attractive and varied opportunities now offered in the nursing field, *there should not be the slightest difficulty in filling all the nursing schools in the country with well educated, capable young women who are eager to take the nursing training.* But the fact remains that *there is a decided scarcity in such applicants.* The very people we need and are trying to attract are the ones who are most critical of the unreasonable handicaps imposed on those wishing to train as nurses.

7. *Since it is for the public service that nurses are trained, and since it is the public which suffers when there are not enough nurses of the right type available, this whole question becomes a matter of immediate and vital concern to every citizen and every community in this country.* It is still a matter of life and death

just as it was in the anxious days of the war, and the public has every right to demand that no antiquated traditions or selfish interests shall be allowed to impose conditons which make it difficult or impossible for large numbers of our very finest young women to prepare themselves for this service.

II. The Long Hours in Hospital Training Schools are Mainly Responsible for Keeping Down the Supply of Good Nursing Recruits.

1. In the recent war campaign for student nurses, when the interest in nursing was unusually keen, great numbers of young women in every part of the country said that they would very much like to take up nursing work but *that they could not stand the long hours and the heavy work of the average hospital training school.* This objection is constantly met by anyone who undertakes to present the oportunities in the nursing profession. Anyone who doubts this statement has only to try the experiment with any representative group of American young women.

2. *This objection is even more persistently and universally found among parents.* It is the commonest possible thing to hear a girl say: "I always wanted to be a nurse but my parents wouldn't let me. They were afraid I couldn't stand the work." The fact that very few physicians or hospital trustees are willing to let their daughters take up nursing, is evidence that they share this feeling.

3. *Many nurses who are themselves devoted to their work do not encourage their young sisters or friends to enter nursing schools.* They remember the long hours and the heavy work in the hospital and though they would not willingly give up their own training, they do not want to see their young friends go through the same hard experiences.

4. *These objections are particularly strong among teachers and principals of high schools, private schools and colleges—the people who are largely influential in advising girls in the choice of their profession.* Examples could be multiplied to show the unfortunate impression already established in the minds of many teachers by the stories of long hours in hospital training schools,

which have come to them through former pupils. Many absolutely refuse to advise pupils to enter nursing work until these conditions can be changed.

5. *Long hours not only keep good applicants out of nursing schools, but they are also responsible for many young nurses dropping out in the early weeks or months of training.* The proportion is often as high as 30 to 50 percent and many promising recruits are lost because they have broken down or become discouraged under the long hours of work. Naturally enough they keep their sisters and friends from entering hospitals, and so tend to keep out many more applicants.

6. *Out of one group of* 430 *enthusiastic young college women who entered nursing schools last fall* (*as a form of war service*) *about* 33 *percent dropped out.* Some of these went because the war was over, but a large number felt that they could not remain because they were getting dangerously over-tired and run down. Friends of those who stay as well as of those who go, constantly protest against what they consider the inexcusably long hours of nurses in hospitals.

7. *This feeling of protest exists among practically all thoughtful people who know the conditions well.* There is a deep and growing suspicion that hospitals are exploiting their pupils. Whether there is any ground for this suspicion or not (and it is of course true that some hospitals are more open to criticism than others), there is ample evidence to show that it does exist and that it is doing hospitals a great deal of harm, not only in keeping out desirable candidates but also in undermining the good will of the intelligent public on which hospitals must depend for their support.

III. What are the Present Conditions of Work in the Average Hospital Training School?

1. *The present working day on the wards in most hospital training schools is from 7 A. M. to 7 P. M. with 2 hours off duty during the day.* An 11-hour day is still found in a number of hospitals. A 9 to 10-hour day exists in the larger proportion of all hospitals. A very small number record an 8-hour day (except in California—see VI, Sec. 4).

2. *A 12-hour night for pupil nurses is practically universal in American hospitals,* except in the few which have an 8-hour day, and even these often have a 10-hour instead of an 8-hour night. This means that students on night duty regularly work 84 hours a week or more.

3. *The pupil nurse has a 7-day week, usually with one half day off duty and another half day on Sunday if conditions permit.* Extra hours may be allowed on special holidays, but this is not common. Students on night duty usually work the full 7 nights each week. They sometimes have a day or two off at the end of their term of night duty.

4. *The average term of night duty is about 2 months and each pupil is expected to have from about 6 to 9 months of night duty* during her three years of training.

5. *Vacations in hospitals range from 2 weeks to 1 month yearly,* the latter being quite exceptional. Christmas or Easter vacations are seldom given unless the yearly vacation happens to come at that time.

6. *Over-time work is very common in many hospital training schools.* When some of the nurses are ill or the work is unusually heavy, pupils often miss their one or two hours off duty during the day or very often stay on duty after hours to finish up the day's work. Under such conditions *a 12 or even a 13-hour day is by no means uncommon.* In any good hospital, every effort is made to send pupils off duty promptly at night and give them their allotted time off duty during the day, but when the extra work is there to be done, there is no escape from it.

7. *The time off duty is rarely spent entirely in rest and recreation. Most of the time for lectures and classes, and all of the pupil's study time, comes from her off duty hours* (except in a very few schools). The actual class work (after the preparatory period) ranges from about 2 to 5 hours a week, which certainly cannot be called excessive, if educational work is to be carried on at all. Too often the lectures come at night after a heavy day's work, and the student is also expected as a rule to prepare her class work and write up her lecture notes in her evening hours. Night nurses are expected to keep up with all their regular classes

even when it means, as it often does, that the day's sleep is broken into for forenoon or afternoon classes.

8. When it is considered that the pupil nurse is on her feet practically all the time when she is on duty, that the work is very active, though not always necessarily heavy, that she is usually under considerable nervous strain, and is obliged to keep on the alert all the time, *it is easily seen that the wear and tear is not a matter of hours only, but is considerably increased by the nature of her work.*

IV. What Evidences Exist to Show that these Conditions Injure the Health or Reduce the Efficiency of the Pupil Nurse?

1. In the first place, *it is necessary to overcome the popular impression that nursing itself is injurious to health and that it requires quite unusual physical strength and endurance.* Where the hours are reasonable and the conditions good, the health of pupil nurses as a rule improves with the regular, active life, and the absorbing interests of the work. Even when nurses are surrounded by infection as in tuberculosis sanitaria, there is evidence to show that they rarely contract the disease, if their resistance is kept at a fairly high level. There is every reason to believe that it is *overwork, not nursing as such* which *is injurious to health* and that *any ordinarily healthy young woman can stand the work if she has a fair chance.*

2. *Although the health of pupil nurses may improve in the beginning of their training, it is a very common thing for them to become tired and run-down later. There is also more actual illness among student nurses than there should be in such a group.* No reliable statistics on the health of pupil nurses are available but, being a highly selected group (those with any evidence of weakness or disease are carefully eliminated in the beginning), and being under the constant observation of medical experts, it would be expected that they would lose less time through illness than the average young women of their age. A recent study made by Dr. Dublin and Dr. Frankel, of the Metropolitan Insurance Company shows that among 106,000 young women from the community at large, the average number of days lost per year

through disabling sickness, in the group between fifteen and twenty-four years of age was 4.9 days and in the group from twenty-five to thirty-four years, 6.5 days. No general average can be given for pupil nurses, but from a number of hospitals selected at random it was found that in those with the longer working day, the sickness rate was from 4.8 to 12.8 days per year, while in the 8-hour hospitals none went above 4.8. These figures were taken from the period preceding the influenza epidemic.

3. *The conditions pupil nurses suffer from are those commonly associated with lowered vitality and resistance.* Tonsilitis probably occurs most frequently. Minor infections are also common but pneumonia, and other serious infections are not at all infrequent. Students suffer a good deal from heart lesions, nervous and digestive disorders and a large proportion of them are more or less anaemic. During the last year a great many student nurses have had influenza, and many have died of it. Superintendents of nurses have repeatedly noted that when nurses were overworked and tired they were much more likely to take the disease and to have it in a severe form. When tuberculosis develops either during or after training, physicians usually attribute this not to infection from patients, but to the lowered resistance resulting from the prolonged strain of hospital work.

4. *The younger the pupil nurse, the more likely it is that her resistance will be undermined by the long hours of work.* In recent years the minimum age of admission to training schools has lowered from about 23 years to 20 or even 18 years, and with the present scarcity of candidates, some reduction in age seems unavoidable. Many superintendents of nurses have observed that the younger pupils do not stand the work nearly so well as the older ones, they break down more quickly on night duty and have to go off duty more frequently for slight illnesses or simply from being "played out."

5. *Many pupil nurses who never are considered ill enough to be taken off duty, show symptoms of overwork and overstrain which are unmistakable to experts.* They lose their freshness and buoyancy, they become easily irritated or depressed, they lose their interest in their work and often, especially on night duty, their faces look worn and haggard, showing that their youth and

vigor are being prematurely sapped. In the "staleness" which nurses so commonly complain of in the last year of training, the expert will usually have little difficulty in demonstrating by actual tests, the evidences of chronic fatigue.

6. *The pupil nurse is always sleepy.* She sleeps in her hours off duty, she often sleeps in her lectures and classes, she sleeps in church and even at times in the concert or theatre. When she sits down to study it is always a struggle to keep awake. Often all the time she should spend in recreation, is spent in resting and sleeping. This is not a normal condition of things in girls of her age, and should not be so lightly accepted as it is.

7. *Pupil nurses have very little margin of time for wholesome enjoyment or for keeping up normal outside interests.* It is more important for the nurse than for almost any other type of worker, to keep her point-of-view sane and not to let it get warped by the constant contact with disease and suffering. She especially needs the wholesome contact with social and family life and the normalizing and refreshing influence of good music and reading and other forms of recreation.

8. *With the present system of long hours good educational work is impossible.* Any teacher who is accustomed to working with pupil nurses will testify that in spite of their interest and willingness, they can rarely do justice to their class work. They are simply too tired to concentrate for any length of time, even when the work is presented in the most interesting way. Even young women who are naturally good students, find themselves unable to grasp things as readily, to remember as well or to reason as clearly as they did in school or college, and the reasons they give are always the same—they are too tired and they haven't time.

9. *The lack of time and energy for sound educational work reacts injuriously on the nurse's efficiency in the hospital and cripples her professional work later.* Because of excessive hours of practical work the hospital cannot provide the sound teaching which the student nurse should have, and the student cannot take full advantage even of the limited opportunities that *are* provided and for which she pays liberally through her services. Nurses are constantly lamenting the loss of this sound instruction which results in limiting their usefulness and hampering their progress.

10. In regard to the practical work, *there is no doubt that a nurse when tired cannot accomplish as much or do her work as well or with as much safety to her patient, as when she is fresh and physically fit.* In spite of her best efforts, the work lags, she is likely to overlook important things, and occasionally serious mistakes occur which would not happen if the nurse were not half-dazed with fatigue. These results are particularly noticeable on night duty when the nurse's responsibilities are heaviest. The nurse is always held responsible when things go wrong and often she is made to suffer severely for an oversight or a slip when the conditions she is working under are mainly or entirely responsible.

11. *The patients suffer in many other ways when the nurse is over tired or over-worked.* She cannot always attend to their wants promptly and sometimes she is worried and impatient. Often patients will refuse to call the nurse when they need her, because they know she is too busy or too tired. This is bad for the patient, the nurse, and the hospital.

12. *The effect of the long hours during the period of hospital training do not always show while the student is in the school.* Sometimes the break-down comes after she has left, but the origin of the trouble goes back to her training school days. It is commonly stated that the working life of a nurse is ten years. This is probably an exaggeration but the fact remains that many nurses *are* prematurely incapacitated because of the severe tax on their strength from long hours of work both in the hospital and outside.

13. *These are all matters of common experience extending over many years, and many institutions in all parts of the country.* The testimony of pupil nurses, graduate nurses, and hospital patients is practically unanimous on these points and a very large number of physicians will support these statements. If statistics could be gathered and the common scientific tests could be applied there is little doubt that these observations would prove to be substantially correct.

V. How have these Conditions come about and why have they Continued to the Present Day?

1. *Long hours and overwork in hospitals are a long established tradition extending back to the days of the early religious sisterhoods,* when nursing first became accepted as a form of religious discipline and service. The main object being self-mortification and self-sacrifice, long hours and exhausting labors were encouraged even to the point of deliberately doing without sleep or rest for days at a time. This mediaeval idea about nursing still exists among many people to the present day.

2. *Even in secular hospitals the hours have always been longer than in any ordinary kind of work.* Within half a century it has been customary for nurses in hospitals to have as many as 48 hours of continuous service, each nurse taking her turn at night duty and continuing her usual work by day. Hospital records speak of nurses rising at 3 A. M., and working till 9.30 P. M. with no definite time off duty, and in addition taking every third night on night duty. This system of alternating night duty still exists in many continental hospitals. (For conditions in German hospitals see Hecker—"Overstrain of Nurses"). With the introduction of modern nursing, efforts were made to reduce the hours of duty but it was a long, hard struggle to secure even a minimum of 12 hours a day because of the vehemenent protests of the hospital authorities against the additional expense entailed.

3. *The military tradition which Florence Nightingale "the soldier-nurse" brought into modern nursing has had many good results but it has also done much to justify and perpetuate the long hours and overwork in hospitals.* Because her work was difficult and exacting it was assumed that the nurse like the soldier, needed a stern and rigorous training. People began to assume that nurses could even be trained to do without the sleep and rest which ordinary people need. The hard work and long hours came to be looked upon both by the nurses themselves and the hospital authorities, as a sort of substitute for military drill. The two cases, however, are not parallel for the soldier's strenuous exercise is out of doors and usually alternates with long periods of rest and inactivity, while the nurse is working indoors under

continuous pressure. Then, too, the whole character of the nurse's work is so entirely different, that it cannot be put on at all the same basis as military training.

4. Apart from the influence of these customs and traditions *the peculiar conditions and demands in institutions for the sick tend in themselves to encourage long hours and over work.* The demands of the sick are incessant and care must go on night and day continuously. If there is any increase in the usual number of patients (and over-crowding in many hospitals is almost chronic), or if emergencies occur as they do constantly, the work must be done somehow or the patients must suffer. Anyone objecting to work over-time under such conditions would be considered heartless, and the fact is that pupils sent off duty to rest often beg to be allowed to stay, because they know that the patients really need the help they can give.

5. *It is generally known that few hospitals ever have anything like an adequate supply of people to do their work.* This is partly because most hospitals have an insufficient income for the kind of work they are trying to do and usually tend to economize on service. When unusual demands are made upon almost any department of the hospital, it has become the accepted custom to call on the pupil nurses (who are practically unpaid workers) to "fill in" although the work may have little relation to nursing and although other help may be easily secured at a slight cost. All these demands tend to create constant overdrafts on the nurse's time and strength.

6. *The system of nursing training handed down to us from the past lends itself readily to such exploitation.* It is based on the old apprenticeship idea of training through actual service in the craft or occupation. A considerable period of service in a good hospital is without question essential in the training of the nurse, but it should be arranged so that it is of distinct educational value to the nurse and not merely a useful service to the hospital. It is essential also that this practise should be liberally supplemented by systematic teaching and study for which due time should be allowed. In most hospitals the theoretical work is meagre and superficial, and as already stated, it comes usually out of the student's own free time and not from the time of the hospital.

If the student's services were paid for even at the lowest estimate of their value, the amount received would amply cover the cost of tuition in almost any of our best colleges or professional schools. It is useless to claim that most hospitals give a fair educational equivalent for the nurse's service.

7. *The trustees and managers of most hospitals are business men whose main concern is to keep the hospital out of debt and to see that patients are properly cared for.* There is no disguising the fact that the training school for nurses is maintained as a means of getting the nursing work done at the least possible expense. One hospital trustee frankly admits that the nursing school is simply the "maid-of-all-work" to the hospital. Even with the most conscientious trustees the educational obligations undertaken by the hospital are likely to be overlooked in the desire to obtain the maximum production of work, and any suggestion of shorter hours or more time for study and class work usually meets with very scant consideration. The whole history of training schools shows that this has always been the case even in the best hospitals. The only real remedy for this seems to be to put nursing schools on an independent basis by giving them separate endowments so that they may be able to arrange for their own educational work.

8. *Undoubtedly one of the chief reasons why long hours have presisted so long is the fact that pupil nurses have been unable to protest against them in any effective way.* If they were only employees of the hospital, such a protest would result at worst in a loss of their positions. But a pupil nurse who is discharged or leaves the hospital, sacrifices all the time she has spent in training, as well as the diploma for which she may have been working two or three years. As a rule she would not be accepted in another nursing school or get credit for her previous work.

9. *Under the semi-military system of discipline which prevails in practically all nursing schools, unquestioning obedience is insisted upon and any student who is accused of disobedience, or insubordination is subject to rather severe discipline and may be discharged without a question.* Consequently, pupils do not as a rule feel free to discuss their grievances openly or to submit suggestions for their relief. They are moreover too loyal to their

patients to consider any measures which would entail neglect or suffering for them. Under these conditions they are likely either to give up the work in the beginning or to accept the situation as it is because of the many compensating features which appeal to them. The spirit with which they have responded to all the demands made upon them, has been on the whole remarkable, but often a strong undercurrent of protest and even of bitterness exists. This does not make for harmony or efficiency in any institution and is especially pernicious in a hospital. This feeling of dissatisfaction is undoubtedly increasing.

10. *Even where the bad effects of long hours are fully recognized, the hospital authorities often feel unable to reduce the hours and lighten the work because they cannot attract into their schools enough student nurses to increase their working staff.* So they go round and round in a vicious circle—they cannot reduce their hours because they have not enough nurses, and they cannot get enough nurses because of the long hours. A similar situation occurs when because of the unusually heavy work and long hours, a number of nurses are laid off ill. As the sick list grows, more work is thrown on the well nurses and as a result of this overwork, more and more are added to the sick list. It is a rare thing for a hospital to bring in additional nurses or even domestic helpers to assist at such times, and the regular staff has to struggle on working overtime to get the hospital work done and with the care of the sick nurses as an additonal burden. Nurses often remark rather bitterly that the hospital never thinks of making up any of this overtime to them, but if *they* lose even a day through illness (brought on often by over-work) they are obliged to make it up to the hospital at the end of their training. It would seem to be reasonable to allow at least a moderate amount of sick time for each student.

11. *It will be asked at once why in spite of all the scientific knowledge about fatigue, and the daily evidence of over-work in hospitals, physicians and hospital officers have been on the whole so indifferent, and in many cases so violently opposed to any change.* One cannot assume lack of knowledge, and except in the cases where personal gain or advantage is unmistakably proven, the root of the trouble will usually be found in the inherent

dislike of most human beings for anything which upsets long established tradition and particularly for any change which involves trouble or expense, or a change in their own habits. Even among graduate nurses there will be found a few who are opposed to shorter hours on the ground that as *they have* survived the long hours, others probably can too. Many simply accept the situation as inevitable and give up all hope of ever being able to remedy it.

12. *Such objections from reactionaries and conservatives have met every advanced step which has been taken in nursing for centuries.* When Florence Nightingale introduced the modern system of nursing in England, to replace the intolerable old "Sairy Gamp" system, she had to fight every step of the way against the hospital and medical reactionaries of her day who insisted that things were perfectly satisfactory as they were. The same story has repeated in America. The subsequent history of nursing shows one struggle after another to secure proper food, decent living conditions, respectful treatment and some educational advantages for pupil nurses. These struggles have been carried on mainly by nurses, though they have had the support of a number of broadminded physicians and hospital trustees, and of some public spirited citizens. Opposition is inevitable, but it can only delay, it cannot keep back any just and necessary reform.

VI. Long Hours in Hospital Training Schools are not Necessary. The Eight Hour Day has been fully tried out and found to be as workable and more satisfactory than the Old System

1. *It is over twenty-five years since leading nurses began to recognize the injurious effects and the bad economy of long hours and started to advocate the eight-hour day.* The Society of Superintendents of Training Schools for Nurses which was founded in 1893, continually calls attention in its early as well as its later reports to the necessity for conserving the health and strength of pupil nurses by reducing the hours of duty. The first school in this country to adopt the eight-hour day was Farrand Training

School, Harper Hospital, Detroit, in 1891. The Johns Hopkins Nursing School followed in 1895 and since then several of the most prominent schools in the country have been organized on the same basis. The Army School of Nursing which was established in 1918 with a number of branches in camp hospitals, operates entirely on the 8-hour basis.

2. *In* 1895 *when the three-year course was first proposed, Mrs. Isabel Hampton Robb, a nursing leader of unusual vision and practical intelligence, insisted that the course should not be lengthened unless at the same time the hours of duty were to be reduced.* She gave as her reason that the health of pupil nurses would inevitably suffer from the more prolonged strain of long hours and over work. In spite of this recommendation by the Superintendent's Society the three-year course was very generally adopted with no change of hours, the majority of hospitals steadily opposing every effort to introduce a shorter working day.

3. *In* 1909 *the first legislation regulating the hours for pupil nurses, was introduced in New Zealand under the Hospitals and Charitable Institutions Act, making the* 8*-hour day compulsory in all hospitals in that country.* This progressive little nation stands probably first in the world in her protection and conservation of human life, and it is therefore not surprising that she should have been the first to see the necessity for conserving the health and strength of the workers in hospitals. The hospitals in New Zealand are considered very efficient and their nurses have an unusually high professional standing.

4. *In* 1913 *when the* 8*-hour law for women workers was undergoing revision in California, an urgent request was made by the friends of certain pupil nurses that hospitals should be included in the act, and after a study of the hours of pupil nurses this request was granted in spite of united opposition from the hospitals.* They appealed to the Supreme Court, but the evidence submitted, based almost entirely on the injurious physical effects of long hours in hospitals, was conclusive, and the appeal was lost. The California law requires a day of not more than eight hours and a week of not more than 48 hours. At first the hospitals felt that it would be impossible to run on this basis, but they very quickly adjusted themselves to it, with such satisfactory results

that few of them would go back now to the old system if they could.

5. The evidence of these California hospitals as well as that of a number of others where the eight-hour day is in operation shows that *there has been marked improvement in the following respects*:

a. The health of the nurses is better; less time is lost through illness and fewer breakdowns occur.
b. The nurses feel more fit for their work.
c. They have more time for class work and study and the general grade of their class work is improved.
d. They have more time for outdoor exercise and recreation, and they are on the whole happier and more contented.
e. The number of applicants has increased and the applicants are on the whole of a better type.
f. It has been possible to provide a better course of training in such schools and this helps to attract the better qualified women. The curriculum of study adopted by California schools is well in advance of that in other states, for the sole reason that California has shorter hours of duty and so can give more attention to the educational side of the work.

6. *The difficulties in operating the eight-hour system have not been nearly as great as anticipated,* several hospitals stating that they have been able to make the change with only a slight enlargement of their nursing staff and with no appreciable dislocation of the existing machinery of the hospital. The statement is often made that the lowering of the sickness rate and the gain in working efficiency almost if not completely make up for the reduction in working hours. By making a small increase in the domestic staff and thus relieving the nurses of some of the cleaning and other routine housekeeping duties, it is possible to make the change to the eight-hour system with little increase in the nursing staff.

7. The standard eight-hour day in other fields of work covers six days only, making a 48-hour week. It is highly important that pupil nurses should have one full day's rest in seven, and this is what we should work toward, but because of the difficulty in arranging this in the average hospital, the *plan which is proposed is the 52-hour week which will give the pupil 5 days of 8 hours each, and 2 days of 6 hours each, thus allowing one full afternoon a week off duty and either morning or afternoon on*

Sunday. The 8-hour day for the straight 7 days, or the 56-hour week, would be very little improvement on the present system and could not be accepted as a satisfactory adjustment.

8. There are many ways of arranging the work of nurses on this basis, some of which are described in a pamphlet which is being sent by the committee to Superintendents of Nurses. The three daily shifts of 8 hours each are not usually advocated for pupil nurses' work. As a rule the night nurses are on duty continuously for 8 hours, and the time of the day nurses is adjusted so that the larger number will always be on duty when the work is heaviest, and so that frequent changes in nurses will be avoided.

VII. The General Movement for Protecting the Health and Increasing the Efficiency of Workers is Based on Sound Physiological and Economic Principles

1. *Efforts for a shorter working day began over one hundred years ago* with a law restricting the hours of labor for children, which was passed in England in 1802. The movement gradually spread to older workers, the first law for women being passed in 1844. Massachusetts was the first state to pass protective legislation for workers in this country. *To-day practically all the states have legislation limiting the working day for men and women in different occupations and industries.*

2. *The 8-hour day and the 48-hour week are universally accepted as the desirable maximum for all workers. The Federal government has legally authorized the 8-hour day for all its employees and in many states the same law is enforced for municipal and state work.* During the war it was accepted as a basis for all government work. It has been voluntarily established in many industries and occupations under private control. The President of the United States publicly advocates the general adoption of this measure, and states that "the 8-hour day now undoubtedly has the sanction of the judgment of society in its favor."

3. Though the basic 8-hour day has been won more slowly in woman's than in men's work, at the present time *there are seven states (including the District of Columbia) where the 8-hour law for various woman's occupations is in force, and during*

the present legislative session, similar bills are pending in many other states. Public opinion is becoming more and more strongly in favor of such protective legislation for women.

4. *In* 1908 *the Supreme Court of the United States was called on for the first time to pass on the validity of a law limiting hours of labor for women* (Oregon Law). In holding this law constitutional under the police powers of the State, the Supreme Court *declared it justified on the ground that it protected the health of workers.* Recent scientific studies on fatigue were accepted as proving the fact that activity must be balanced by adequate rest in order to maintain normal health and efficiency.

5. *There have been numerous scientific reports and studies published within the last few years on fatigue in relation to health and efficiency.* Several of the most important of these investigations were carried on during the period of the war by government appointed commissions composed of recognized experts in medicine, physiology, psychology and economics (see bibliography). The methods used for studying the relative working capacity of both individuals and groups under different working conditions, are exact scientific methods which can be used in almost any field. The commoner tests for fatigue include the spring muscle test, the vascular skin reaction test, and the reaction tests for sight, hearing and other senses. There is practically unanimous agreement among scientific experts and practical experts on the following points:

a. *The waste products generated by long continued activity act as toxins or poisons on the body*, and unless these poisons are promptly eliminated, they will permanently injure the tissue cells and will seriously affect the health and the working capacity of the individual.

b. *The only way to get rid of these poisons is through rest—preferably rest with sleep*—and this must be sufficient to allow complete elimination of the waste products, otherwise these poisons *accumulate* in the body, and gradually encroach on the worker's total strength and endurance. *The physiological rule is that daily fatigue should be substantially removed by the night's rest and weekly fatigue by the rest on Sunday,* otherwise health and efficiency are impaired.

c. The effects of ordinary fatigue are easily overcome, but *if one continues work or keeps going anywhere near to the point of exhaustion, it takes a much greater effort to get back to normal*

again, and a much longer period proportionately for recuperation and repair.

d. *In proportion as physical work is at the same time mentally fatiguing*—the greater the concentration and alertness required —the sooner will fatigue appear. *People working under nervous strain need longer time for rest and recreation than those doing purely physical work.*

e. *A fatigued person may not be conscious of his condition and health is often seriously undermined without the subject feeling the ordinary symptoms of tiredness.* The collapse when it comes, is likely to be more serious than when the worker feels tired more readily and "gives in" sooner.

f. *The effect of over fatigue on young people is more serious than on those who have reached their full maturity, and the effects are more likely to be lasting.*

g. *Women engaged in muscular work are more susceptible to fatigue than men and more liable to sickness.* If they do break down it takes them longer to get back to normal health.

h. *"Over-fatigue constitutes a permanent predisposition to all diseases."* It creates a condition of lowered resistence which not only invites infections of all kinds but also aggravates the course of the disease and increases the death rate. It also predisposes to various forms of nervous disease, to disorders of the heart and circulation, the digestive apparatus and indeed of all the organs and functions in the body. If continued it inevitably leads to general weakness, anaemia and premature old age.

i. *Overfatigue is responsible for a large proportion of accidents.* When the brain is tired the attention flags, there is difficulty in concentration, reaction time is retarded, the senses of touch, hearing and sight are impaired and accidents are likely to occur which injure the worker himself or others.

j. *The overtired worker is less productive and efficient. The first signs of over fatigue are usually a diminuation in the quantity of work done, and a deterioration in its quality* Repeated experiments in factories show that *production is increased and not decreased by shortening hours and increasing rest periods,* and that there is *less spoiled and inferior work. Reasonable hours are therefore economically profitable.*

k. *Fatigue reduces mental activity and destroys mental appetite.* The over-tired person does not grasp ideas readily, does not remember so well and cannot usually maintain interest or attention for any length of time. He is not so keen, his judgment is likely to be affected and if fatigue continues, mental development is likely to be seriously retarded.

l. *With the lowering of physical resistence and the dulling of the mental powers, there is very often a weakening of moral re-*

sistence as well. Men and women who are physically exhausted lose their stamina and self-control. They become listless and depressed or feverish and restless, constantly craving for excitement or stimulation of some kind. This often leads to dissipation and even to crime. Irritability and hypersensitiveness are very common symptoms of over tiredness, and are responsible for a great deal of the friction and discord in human relationships. Breaches of discipline occur more frequently when people are under excessive strain.

m. *Night work has a distinctly injurious effect on health, due to the loss of sleep entailed and the lack of sunlight.* There is always more illness among night workers and the quality of the work as well as the morale of the workers is more likely to suffer. *Night work seems to be especially injurious to women* and for this reason experts generally advise that it should be allowed only in very exceptional cases, and that *in no case should the working night be longer than the ordinary working day.*

n. *Over-time work is injurious to health and it is usually poor work.* Over-time work on one day is likely to affect the quality of the work next day as well. If resorted to at all, over-time work should be followed by at least an equal period of rest taken from the following day's work.

o. *Working power is increased by short resting periods during the working day and the effect is particularly noticeable if food has been taken as well.* At least 30 minutes, and preferably an hour should be allowed for meals and as complete relaxation as possible should be secured at that time. Short morning and afternoon recesses with tea or a light lunch are found to increase the sum total of the worker's efficiency.

p. *The old Mosaic Law of one day's rest in seven has been found to be physiologically and economically sound, and is recommended as a universal rule for workers.* It is commonly stated in industries that 6 day's work gives 7 day's output. The regular weekly half-holiday in addition, is believed to be necessary for good work and occasional other holidays (legal holidays) have been found to definitely improve the worker's health and working capacity.

q. The following summary from the final report of the British Health of Munitions Workers Committee on "Industrial Health and Efficiency" gives a fair idea of the *modern attitude of scientific authorities on this question.*

"For upwards of a century the state has accumulated indisputable evidence that it is the conditions of employment rather than its character which undermine the physical strength and endurance of the worker. Apart from exceptional occupations which are in themselves injurious, the principal of the undesirable conditions, the most radical and persistent, the com-

monest, is that of long hours. It is a significant fact that all through the history of the industrial system of this country, the dominant evil is not accidents, or poisoning or specific disease, but the stress and fatigue due to long and unsuitable hours of labor, entailing inadequate opportunities for rest, recreation and nourishment. ***In a word it is not the work, but the continuity of the work which kills."***

6. *All these conclusions* which have been established as a result of investigation and study in other fields of work *apply equally to work in hospitals.* Ward maids and orderlies and other hospital helpers are affected as well as nurses. The situation for the nurses is, however, rendered peculiarly difficult because of the *added educational work* which is necessary and fundamental, and because of the *responsible and exacting nature of their duties.*

VIII. What are the Common Objections to the 8-hour day in Hospitals and how can they be met?

First Objection:

The 8-hour day requires too many changes of nurses. Doctors and patients object to it.

Answer:

When the 8-hour day was first introduced in California there were objections by doctors and patients about the lack of continuity in service, but this was found to be due to the method of operating the new system. When the hospitals learned how to work out the daily schedule, they found that the objections ceased. A number of the best hospitals in the country have for many years been operating on the 8-hour basis, and the excellence of their results is proof that the patients do not suffer. The nursing work in most of these hospitals is decidedly above the average, and no objections are heard from either patients or doctors about the system of hours. Among the best known of these hospitals are: Johns Hopkins Hospital, Baltimore; Lakeside Hospital, Cleveland; Presbyterian Hospital, Chicago; and the University Hospital, Minneapolis.

Second Objection:

The 8-hour system would involve a large additional cost which most hospitals cannot afford to pay.

Answer:

It has been shown that the cost to the hospital is not great—indeed that the ultimate gains are likely to more than balance the losses. There is actual gain from increased efficiency and from the reduction of sickness (always a heavy cost to the hospital). The loss is also partly offset by the saving in the cost of maintainance and tuition of the large number of young women who under present conditions leave the hospital within the first few months. Students who withdraw early in their course are almost a total loss to the hospital.

But the question is really not whether the hospital can afford to reduce the hours of pupil nurses but whether it can afford any longer not to. For the hospital as well as the business institution, the good will and confidence of the public is a financial asset. To retain this and to be able to attract enough good candidates, is worth some expenditure of money even if the hospital should have to sacrifice some other things. Where the hospital is compelled to employ numbers of graduate nurses or even untrained workers, the cost of the nursing service is substantially increased. Hospitals cannot flourish or even survive without an adequate and effective nursing service.

Third Objection:

When nurses graduate from the hospital they often have cases demanding long hours of continuous service. Unless they have the same conditions to meet during their training, they will be unfitted for the demands of their future work.

Answer:

It is true that on private duty a nurse may sometimes be called upon for rather unusual sacrifices in the way of rest and sleep, but these demands do not usually continue over a long period of time. The private nurse is able to rest up after a hard case while a pupil nurse goes right on every day. Besides, the graduate is a free person and has full liberty to retire from a very hard case if she cannot stand the strain, while the pupil has no

release except through illness or resignation. Furthermore, the graduate has no studies to prepare while the pupil nurse has to carry her class work as well as her practical work.

Fourth Objection:

If pupil nurses are put on an 8-hour day and a 52-hour week, graduate nurses will soon be demanding the same reduction in hours, and the expense to both hospitals and private families would be prohibitive.

Answer:

There is only one answer to this and that is "It doesn't happen." The 8-hour system for student nurses has been in operation for years in various parts of the country and the private nurses trained under that system have never shown any disposition to insist on an 8-hour day after graduation. They recognize clearly the essential difference between the pupil's work and their own, and though they may sometimes find the hours in private duty long, they realize that the 8-hour day is not a practicable solution in most homes. There seems to be no good reason, however, why head nurses and supervisors in hospitals should not share in the benefits of the 8-hour day. In school nursing and other branches of public health work the hours are already much shorter than they are in the training schools, and this is making it harder to secure nurses for hospital positions.

Fifth Objection:

If pupil nurses have shorter hours they will use their free time for their own enjoyment and will lose their fine spirit of devotion to their work. The modern clamor for shorter hours is a sign of slackness and self-indulgence. It is demoralizing to workers and should not be encouraged.

Answer:

It has been proven by experience that pupil nurses on 8-hour duty very rarely misuse their free time and that they are not less faithful and devoted than when they are on 12-hour duty. The whole evidence here, as in other fields, is that *morale and work both improve* with the shorter working day and that the nurse who has time for a reasonable amount of recreation and for self-improvement, is a more useful, happier, and better nurse.

Sixth Objection:

All the people who have contributed anything worth while to the work of the world have been hard workers. Nurses have accomplished what they have by their unstinted service. They have not spared themselves or counted their hours of work. Many of us who are engaged in business or professions habitually work more than 8 hours a day and enjoy it. Why refuse the same privilege to pupil nurses?

Answer:

Even on an 8-hour day, the pupil nurse will still be doing harder work than the average person, because she will have her class work and study outside of that time and she has still a 7-day week. Even though the business or professional worker may exceed these hours, she knows she can always get a rest or change if she needs it. Besides she is usually working long hours from choice and not from compulsion, and she has much more opportunity to live her own life than the student nurse in the hospital. Then, too, the capacity of different people for hard work varies so greatly that what would not injure one individual, might be killing for another. Even the people who enjoy hard work often go beyond their physical capacity and so permanently injure their health and limit their usefulness. It is one of the most unfortunate results of long hours during hospital training that the habit of over-work so often carries over into the professional field, making the life of the nurse quite unnecessarily hard and exhausting, and often injuring both her and her work.

Seventh Objection:

By advocating an 8-hour day in hospitals, nurses are lowering their professional standing and putting the care of the sick on the same level as ordinary manual occupations. The regulation of nursing schools by labor laws would be humiliating and oppressive and would interfere seriously with professional development.

Answer:

All human beings are alike in that they are governed by the same physiological laws. The physical effects of long hours of active work are practically the same for nurses as for factory workers, and they have thus a common interest in working for

shorter hours. The professional and educational factors only serve to accentuate the need for reasonable hours. Even colleges are beginning to advocate the 8-hour day for students, feeling that this makes for better work.

While heartily in sympathy with the efforts of other workers to secure shorter hours through legislation, nurses would prefer not to have nursing schools regulated by labor laws because such laws are not intended to apply to the work of educational institutions and besides, the conditions of hospital work require a degree of flexibility which is not easily obtained under any law. But if the necessary reform cannot be brought about in other ways, it would undoubtedly be better for both hospitals and nursing schools to have it come through labor legislation, than not at all. The California schools have not suffered from the fact that their hours are regulated by the Bureau of Labor—indeed they have flourished under the protection of the law.

IX. Conclusion

It seems to be unnecessary to add further arguments in favor of shorter hours for pupil nurses. It will be perfectly evident to everyone that this reform is not only necessary but that it is long over-due. We close with a recent statement by Dr. C. E. A. Winslow, Professor of Public Health, Yale University. Professor Winslow is a recognized authority on public health, and his opinion is supported by a great many other prominent men and women in this and other branches of scientific, social and educational work.

"From the standpoint of the student of public health I am deeply interested in the movement for shorter working hours for pupil nurses on two different accounts. In the first place I feel that one of the most vital problems of the present day is the attraction of women of ability and training into the field of public health nursing, and I am sure that one of the greatest obstacles in the way of this desirable end is the arduous and profitless manual labor that is required of the pupil nurse. In the second place I regard this problem as a part of the general problem of occupational hygiene. No progressive state would permit factory operatives to be exploited as nurses are exploited in many of the training schools of this country.

"I have long hoped that higher educational ideals in the training schools themselves and particularly the development of training schools under independent educational management, bearing to the hospital the same relation that the medical school now bears, would solve this difficulty. If it does not do so, it will be necessary to seek for protective legislation in order to do away with conditions which are not only a burden upon the whole profession of nursing, but a serious menace to the health and efficiency of the women immediately concerned."

BIBLIOGRAPHY

GOLDMARK, JOSEPHINE —Fatigue and Efficiency—Russell Sage Foundation, N. Y., 1912.

LEE, FREDERIC S. —The Human Machine and Industrial Efficiency, Longman's, Green, 1918.

TAYLOR, FREDERICK —The Principles of Scientific Management, 1911.

BRANDEIS, LOUIS M. & GOLDMARK, JOSEPHINE —Briefs reprinted by the National Consumer's League, 289 Fourth Ave., N. Y. City.

Case for the Shorter Work Day. Vol. I, and II, 1918.

California 8-hour Law (as applied to Hospitals, 1916).

(These two briefs are invaluable. They contain a very large amount of evidence presented in condensed form).

Reports on Industrial Health & Efficiency by the British Health of Munitions Workers Committee. Final Report—1918—published by the British Ministry of Munitions, and reprinted by U. S. Dept. of Labor Bureau of Labor Statistics—Washington. (This is a remarkable document which all nurses and hospital officials should read).

Preliminary Report of Divisional Committee on Industrial Fatigue—National Com. on Welfare Work—published by U. S. Public Health Service, Reprint No. 482 (pamphlet).

HECKER, DR. H. —The Overstrain of Nurses. (pamphlet). Published by the International Council of Nurses, 431 Oxford St., London, Eng. (pamphlet).

NUTTING, ADELAIDE & DOCK, LAVINIA —The History of Nursing, Vols. 2—Putman, 1907.

NUTTING, M. A. —A Statistical Report of Working Hours in Training Schools. Report of American Society of Supt's. of Training Schools, 1896.

NUTTING, M. A. —Educational Status of Nursing—Bulletin U. S. Bureau of Education, 1912.

ROBB, ISABEL HAMPTON —The Three Year Course of Training in connection with the Eight-Hour System. Report of American Society of Supts. 1895.

Publications of the Committee on Education of the National League of Nursing Education

1. The Standard Curriculum for Schools of Nursing — $1.00 and postage (about 6 to 20 cents, according to distance.)
2. The Case for Shorter Hours in Hospitals Schools of Nursing" — 20 cents.
3. Suggestions for Establishing the Eight-Hour Day in Nursing—20 cents.
4. Post-graduate Courses for Nurses — 10 cents.
5. Opportunities in the Field of Nursing, by Isabel M. Stewart — 10 cents.
6. The University Education of the Nurse — Reprint of an article by Dr. Richard Olding Beard — (in preparation).
7. A Sounder Economic Basis for Training Schools for Nurses. Reprint of an article by M. Adelaide Nutting — (in preparation).

These publications can be secured from the Secretary of the Committee, Isabel M. Stewart, Teachers College, Columbia University, New York City. Special rates will be made for quantities over 100.

The following publications by the Committee on Nursing of the General Medical Board of the Council of National Defense may be secured at the same address. These pamphlets were published during the war, but although the situation has changed somewhat, most of the information about nursing, may still be used. These pamphlets will be sent as long as they last, for a nominal cost covering expenses of mailing and clerical work.

Nursing—A National Service.

The Nation's Call for Nurses—Notes for Speakers.

A Message to Secondary School Principals and Teachers.

Preparatory Courses for Nurses in Colleges and Universities.

Report of the Committee on Nursing, General Medical Board, Council of National Defence.